

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 599043

FILING DATE

89-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		1		1		
5		1		1		
6						
7	1		1			
8		1		1		
9	1		1			
10		1		1		
11		2		1		
12		2		1		
13	1		1			
14		1		1		
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21		1		1		
22		1		1		
23		1		1		
24	1		1			
25		1		1		
26	1		1			
27		1		1		
28		2		1		
29		2		1		
30	1		1			
31		1		1		
32	1		1			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38		1		1		
39		1		1		
40		1		1		
41	1		1			
42		1		1		
43	1		1			
44		1		1		
45		2		1		
46		2		1		
47	1		1			
48		1		1		
49	1		1			
50	1		1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52	1		1			
53	1		1			
54		(1)		1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						